

YOUR RIGHT TO APPEAL THIS ACTION

If you are dissatisfied with the action described on the attached notice, you may request a state hearing before an Administrative Law Judge of the California Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. If you decide to request a hearing, you must do so **WITHIN 90 DAYS OF THE MAILING DATE OF THE NOTICE**.

A state hearing and aid paid pending described below will not be available if the only action you object to is an automatic change in your eligibility which is required by state or federal law. This denial of a state hearing is required by Title 22, CCR, Section 50951.

Aid Paid Pending

If you are now receiving Medi-Cal and ask for a state hearing **BEFORE THE EFFECTIVE DATE OF THE ACTION**, your Medi-Cal will continue with no change until the hearing.

State Regulations Available

State regulations, including those covering state hearings, are available at your local county welfare office.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney, or any other person whom you designate below. You are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of the Public Inquiry and Response Unit, 1-800-952-5253.

Information Practices Act Notice (California Civil Code, Section 1798, et seq.)

The information you are asked to write in below is needed to process your hearing request. Processing may be delayed if the information

is incomplete. A case file will be set up by the Chief Administrative Law Judge. You have the right to examine the materials that make up the record for decision and may locate this record by contacting the Public Inquiry and Response Unit (phone number shown below). Any information you provide may be shared with the county welfare department and with the U.S. Department of Health and Human Services (Authority: Welfare and Institutions Code, Section 14100.2).

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-97
Sacramento, CA 94244-2430

You may also request a hearing by calling the toll-free number of the Public Inquiry and Response Unit.

Public Inquiry and Response Unit (Public Information)

Toll-Free Number: 1-800-952-5253
For the deaf (TDD) only: 1-800-952-8349

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights. Assistance is also available in some languages other than English, including Spanish. You may write to:

Public Inquiry and Response Unit
California Department of Social Services
P.O. Box 944243, Mail Station 20-23
Sacramento, CA 94244-2430

REQUEST FOR A STATE HEARING

Name (print)	Social security number	Phone number	
Address (number, street)	City	State	ZIP code

I am requesting a state hearing because of an action taken by the State of California related to Medi-Cal.

Reason(s) for my request: _____

I speak a language other than English and need an interpreter. (An interpreter will be provided at no cost to you.)

Language	Dialect
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I authorize the following person and/or organization to act on my behalf for purposes of this appeal:

Name	Phone number		
Address (number, street)	City	State	ZIP code

Your signature	Date
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